

ASIA AND THE NEAR EAST

REGIONAL OVERVIEW

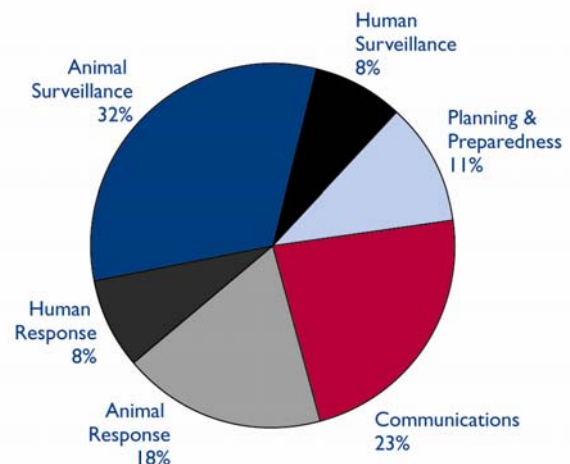
The first reported outbreaks of the highly pathogenic (HPAI) H5N1 avian influenza virus in birds occurred in Hong Kong in 1997, and the virus re-emerged in 2003 in Southeast Asia. Of all poultry outbreaks reported worldwide, 86 percent have been recorded in Southeast Asia. More than 200 million birds have died from direct H5N1 infection or in culling for disease containment, resulting in social and economic disruption in the region and severe implications for food security and livelihoods. The virus is also capable of infecting humans, sparking concerns it could mutate into a form capable of producing a human influenza pandemic. To date, the Asia and the Near East region has suffered the highest number of known human cases and deaths from HPAI H5N1 avian influenza, with a total of 269 cases resulting in 162 deaths.

Given the serious situation and high risk for emergence of a pandemic-capable virus in the region, USAID has committed over 50 percent of its avian influenza field resources to Asia and the Near East, with a considerable focus on Southeast Asia. To date, USAID has allocated \$46 million for avian influenza activities in the region. This includes \$4.6 million and \$12.2 million, respectively, to the World Health Organization (WHO) and the U.N. Food and Agriculture Organization (FAO). In addition, USAID has provided a total of over 170,000 sets of personal protective equipment (PPE) for veterinary and human health staff, 250 decontamination kits, 17 lab kits, and four outbreak investigation kits to 17 countries in the Asia and Near East region. With USAID support, avian influenza commodity trainings have been conducted in Afghanistan, Bangladesh, Egypt, Jordan, Nepal, Pakistan, and Vietnam.

USAID investments in Asia and the Near East have focused on strengthening planning and preparedness, communications and public awareness, disease surveillance and detection, and outbreak response and containment. The accompanying chart illustrates USAID's distribution of resources in these areas.

In Southeast Asia, considerable progress has been made toward avian and pandemic influenza preparedness and

ASIA AND THE NEAR EAST:
AVIAN INFLUENZA FOCUS BY ACTIVITY



response. Most notably, poultry outbreaks in Thailand and Vietnam – which accounted for 88 percent of all animal outbreaks between 2003 and 2005 – were reduced dramatically in 2006. Poultry outbreaks fell from more than 1,500 in 2005 to just 209 in 2006, and human cases dropped from 75 to three over the same time period. While many factors likely contributed to this shift, a substantial portion of the improvement can be attributed to the aggressive measures these countries have taken to combat avian influenza. As a result, countries across the region are more prepared and able to mount an effective response to outbreaks. In Cambodia and Laos, for instance, the time lapse between onset of outbreaks and reporting has shortened from up to five weeks to 48 hours, significantly improving the opportunity for an effective outbreak response and containment.

INTERVENTIONS AND IMPACT

Even in the face of these successes, the situation in the region remains serious. This is particularly the case in Indonesia, which saw a dramatic surge between 2005 and 2006 in the number of confirmed human cases of H5N1. By the end of 2006, with 75 confirmed human H5N1 cases and 58 deaths, Indonesia had surpassed Vietnam in human H5N1 fatalities and now claims the

highest number of human H5N1 deaths. As of April 11, six human cases, including five deaths, have been reported in Indonesia in 2007 alone.

Indonesia. Driving the increase in Indonesia have been a number of factors, including a lack of clear leadership to address avian influenza at nearly all levels of government, insufficient support for early-warning surveillance, low public awareness about avian influenza risks and practices for risk reduction, and a severely unregulated “backyard farming” sector; notably, this sector accounted for almost all reported poultry outbreaks over the past year.

In the summer of 2006, the Government of Indonesia initiated a strategic review of the avian influenza situation and, with significant support from USAID, formulated a national plan of action that outlined a clear and practical way forward for H5N1 control. By late 2005, USAID had already begun investing in what would become key elements of this plan – building a network for early-warning surveillance and response and promotion of public awareness on avian influenza and its risks.

Ongoing efforts in Indonesia include the following:

- Working with the FAO and the Ministries of Agriculture and Health to build early-warning surveillance and response teams in 154 districts in seven high-risk provinces by June 2007. As of March 2007, these participatory disease surveillance and response (PDS/R) teams are fully operational in 135 of Indonesia’s highest-risk districts and are on a trajectory to be in place in all 154 avian influenza-endemic districts by June 2007.
- Expanding capacity for active surveillance across 27,000 villages in Java, Bali, and Sumatra through two Indonesian NGOs, Muhammadiyah and the Indonesian Red Cross.
- Developing the Community-Based Avian Influenza Infection Control (CBAIC) program, managed by Development Alternatives, Inc., to support national preparedness and coordination, communications, and management/coordination of local surveillance and response, including strengthening community participation.
- Pre-positioning over 100,000 sets of PPE, as well as decontamination kits, in Jakarta for use by first responders to animal and human outbreaks.
- Enhancing early-warning surveillance and response through public-private partnerships with Voxiva, Winrock International, and the Ministry of Agriculture, utilizing Internet and mobile-phone technology to facilitate rapid data collection.

USAID ASSISTANCE FOR AVIAN INFLUENZA PROGRAMS IN ASIA AND THE NEAR EAST

Bilateral assistance	\$39.2 million
Regional assistance programs	\$6.8 million
Total USAID support of avian influenza programs in Asia and the Near East	\$46 million

- Bolstering public awareness through national outreach and communications campaigns, including enhanced local-language broadcasting through Voice of America.
- Strengthening rapid diagnostic capacity through support to the U.S. Naval Medical Research Unit (NAMRU-2) in Jakarta.

As a result of these efforts, there is now more timely and reliable reporting of avian influenza outbreaks, allowing for more rapid and effective response. In 2007, USAID plans to build upon its activities in Indonesia and to further expand the active surveillance networks described above.

Vietnam. USAID played a significant role in supporting the Government of Vietnam’s successful avian influenza control campaigns in 2006. USAID’s contributions in Vietnam include:

- Providing technical assistance for strategy development, training, and provision of supplies for Vietnam’s national poultry vaccination campaign, covering 170 million chickens and 79 million ducks.
- Increasing surveillance capacity to rapidly detect HPAI through development of animal health information system infrastructure and subsequent training, as well as upgrading laboratory diagnostic capacity, information systems, and training.
- Working with the NGO Veterinarians Without Borders to finalize outbreak control and epidemiological investigation guidelines and train over 6,000 animal health workers in 10 high-risk provinces in the use of the guidelines and how to communicate about avian influenza to their clients.
- Launching communications campaigns to enhance public awareness:
 - Engaging civil society, particularly the Vietnamese Women’s Union (VWU), to collaborate on communications activities, including a train-the-trainers workshop for

VWU officers in 24 provinces to train over 3,800 women volunteers at the village level about H5N1 risks.

- Educating the public through mass communications campaigns organized by the Academy for Educational Development and enhanced broadcasting in local languages through Voice of America.
- Providing reliable, clear, and consistent information about avian influenza to the media and the general public through support of communications advisors at WHO and FAO.
- Supporting sharing of best practices and lessons learned through hosting workshops analyzing the socioeconomic consequences of H5N1 and arranging study tours in Vietnam for the Sri Lanka and Egypt Ministries of Agriculture.
- Providing a total of 11,000 sets of PPE and 100 decontamination kits for use by outbreak response teams.

Cambodia and Laos. In 2006, there was notable success in both Cambodia and Laos in limiting the number and size of avian influenza outbreaks. Central to this success was an improvement in early-warning surveillance, strengthened capacity of the Governments of Cambodia and Laos for rapid outbreak response, and increased public awareness in both countries about avian influenza. In the past year, USAID's efforts in these countries have included:

- Training 1,685 village veterinary workers in four high-risk provinces in Laos and 2,435 village animal health workers in six high-risk provinces in Cambodia. Trainees have conducted outreach to over 40,000 farmers.
- Training 12,853 village health volunteers in 12 high-risk provinces in Cambodia to integrate messages into existing health education activities at the community level and to promote early-warning surveillance, resulting in increased awareness.
- Strengthening capacity of local media by providing trainings for 75 journalists in Cambodia and 65 journalists in Laos, resulting in an increase in accuracy and fairness in media coverage of H5N1.
- Engaging community involvement in Laos through work with the Laos Women's Union with additional outreach at provincial, district, and commune levels.
- Launching nation-wide communications campaigns organized by the Academy for Educational Development, including development of a very successful campaign in Cambodia using the Super Chicken character. The campaign's popularity



A child poses with Super Chicken, a popular character developed for USAID communications campaigns by the Academy for Educational Development, at the That Luang Festival in Vientiane, Laos, in November 2006.

Photo courtesy AED

resulted in increased avian influenza awareness, and a similar campaign was carried out in Laos.

- Enhancing awareness through local-language broadcasts via Voice of America in Cambodia.
- Providing a total of 13,000 sets of PPE, 100 decontamination kits, and two lab kits for Cambodia and Laos.

Egypt. Since its first poultry outbreaks in February 2006, Egypt has emerged as one of the world's "high-risk countries" for avian influenza. Between March 2006 and April 11, 2007, there have been 34 confirmed human cases and 14 fatalities. In the first 15 weeks of 2007, Egypt had 16 confirmed human cases and four deaths. Driving this surge in human cases has been the volatile mix of high population densities of people and poultry and the widespread practice of informal poultry rearing in residential settings. There are 850 million poultry and 80 million people concentrated along the Nile River, making the poultry-people density in Egypt one of the world's highest. USAID's efforts in Egypt include:

- Producing a national-level avian influenza communications campaign with assistance from Johns Hopkins University, including outreach to the general public and to individuals who have direct contact with live birds.
- Developing rapid response teams at 27 governorate levels.

- Orienting 8,024 representatives from the Ministries of Health, Agriculture, Defense, Interior, and governorates and district levels on HPAI and safe disposal of dead poultry.
- Training 160 doctors and nurses from hospitals in 27 governorates on infection control. Also trained 111 staff working at quarantine, central levels, and ports, and 200 physicians and sanitarians of endemic diseases departments from 27 governorates on disinfection measures for poultry farms.
- Providing 2,000 sets of PPE.

Regional program activities. Support from USAID's regional program in Bangkok to Burma, China, Mongolia, and Thailand through partners like WHO, FAO, and the Association of Southeast Asian Nations (ASEAN) includes:

- Developing capacity for rapid field detection, disease reporting, and tracing of HPAI in three target provinces in China.
- Providing emergency commodity and technical support for outbreak management through FAO and WHO in Burma, including 9,000 PPE sets, 50 decontamination kits, and two lab kits.
- Supporting wild bird surveillance in Mongolia through the Global Avian Influenza Network for Surveillance (GAINS), a network launched by USAID through the Wildlife Conservation Society and in partnership with the Centers for Disease Control and Prevention. GAINS monitors avian influenza in wild birds, tracks genetic changes in virus isolates, and shares information with concerned partners internationally, facilitating early-warning systems. In addition to Mongolia, GAINS is active in the region in Afghanistan, Cambodia, India, Egypt, Indonesia, and Vietnam.
- Through Kenan Institute Asia, organizing cross-border workshops at the provincial level to harmonize preparedness and standard operating

procedures for outbreak response between provinces in Thailand/Laos and Thailand/Cambodia.

In addition to the activities in the countries described above, USAID has also provided bilateral support to Afghanistan, Bangladesh, India, Jordan, Nepal, Pakistan, the Philippines, East Timor, and West Bank/Gaza for avian influenza activities.

صحتك .. ثروتك

أنفلونزا الطيور

ما هو الفرق بين أنفلونزا الطيور والأنفلونزا المعتادة والأنفلونزا الوبائية؟

أنفلونزا الطيور:
أنفلونزا الطيور مرض فيروسي معددي بين الطيور والحيوانات ويسببه عادة فيروس يصيب الطيور ويشكل أقل المخاضير. في الآونة الأخيرة تخطى فيروس المرض عائلته الرئيسي الطيور وبدأ ينتقل إلى الجنس البشري ويظهر عدد محدود من الإصابات في بعض أنحاء العالم من نوع (H5N1).

الأنفلونزا المعتادة:
هي أحد الأمراض المعدية للجهاز التنفسي وتنتقل من إنسان إلى آخر ويسببها فيروس أنفلونزا مختلف عن فيروس أنفلونزا الطيور.

الأنفلونزا الوبائية:
هي أنفلونزا تنتشر بطريقة سريعة بين شخص وآخر وقد تسبب في انتشار المرض بصورة وبائية على مستوى العالم.

وفي هذه الحالة يتحور الفيروس إلى نوع جديد لا يستطيع الجهاز المناعي مقاومته مما قد يؤدي إلى حدوث أعراض المرض بصورة أشد بكثير من الأنفلونزا العادية.

وهذا يمكن خطورة فيروس أنفلونزا الطيور (H5N1) لاحتماية تحور هذا الفيروس إلى نوع

أعراض مرض أنفلونزا الطيور:

- شخص يعاني من التهاب حاد بالجهاز التنفسي مع حرارة 38 درجة مئوية أو أكثر
- احتقان بالحنك
- كحة شديدة وضيق بالتنفس
- ألم بالعضلات
- مع واحد أو أكثر من:

1. السعال في خلال أسبوع قبل بداية الأعراض
2. لنتطقة مصابة بأنفلونزا الطيور من نمط (H5N1) مع مخالطة مباشرة لطيور داجنة أو طيور برية
3. زيارة في خلال أسبوع لمزرعة دواجن في منطقة بها نقشي وبائي
4. مخالطة في خلال أسبوع لطيور مريضة أو نافقة بسبب مرض تسبب في نفوق عدد كبير من الطيور
5. مضاعفات مثل الالتهاب بالعين أو الالتهاب الرئوي
6. فترة الحضانة تتراوح بين 2-8 أيام من بدء التعرض للفيروس وقد تصل إلى 17 يوماً

Logos: USAID, WHO, Egyptian Ministry of Health, and others.

An avian influenza fact sheet used in USAID's outreach activities in Egypt. USAID's efforts in Egypt, with assistance from Johns Hopkins University, led to the country's first national communications campaign on avian influenza.